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Items of Interest:

The 2005 Navy and Marine Corps Great American Smokeout. November 17th marks the 2005 Great American Smokeout. According to the American Cancer Society, more people quit on this day than any other. The goal of the Navy and Marine Corps Great American Smokeout (GASO) is to promote the cessation of all types of tobacco - cigarettes, cigars, pipe, spit, dip and chew. Historically and currently, the Department of the Navy has a higher rate of tobacco use than the respective civilian population. Many activities and programs are planned for the Smokeout. Explore what your command has planned and volunteer to help at your local Great American Smokeout Day Program. Consider every day an opportunity to help someone you know quit the tobacco habit. For more information on tobacco cessation and other health promotion programs, visit the NEHC website at <http://www-nehc.med.navy.mil>.

Navy and Marine Corps Medical News

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USS Ronald Reagan Medical Department Sets Fleet Readiness Standard

By Photographer's Mate 3rd Class (AW) Christopher Brown, USS Ronald Reagan Public Affairs

SAN DIEGO - USS Ronald Reagan's (CVN 76) Medical Department set the standard for U.S. Pacific Fleet medical readiness aboard aircraft carriers by scoring a 98 percent on the Medical Readiness Inspection (MRI) Oct. 11-13.

According to Senior Chief Hospital Corpsman (AW/SW) Alfred Lamb, Reagan Medical Department leading chief petty officer, the department earned the highest score ever received by an aircraft carrier.

"It took a lot of hard work and dedication from the corpsmen and officers," he said. "There were a lot

of training evolutions, late nights and long working hours."

"I'm really proud of my guys. My corpsmen and officers pulled together and did a phenomenal job," said Lamb.

While maintaining the highest medical standards of readiness can be a difficult task for any Navy ship, maintaining those standards within a department that cares for the crew the size of a small city is even more difficult.

"It took an all-hands effort from the bottom of the chain of command all the way to the top," said Hospital Corpsman 3rd Class (SW) Japheth Tillman. "We put our name

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MILLINGTON, Tenn. - Senior Chief Navy Counselor David Paradise, assigned to Commander Naval Recruiting Command, receives his annual Influenza vaccine in the form of a nasal mist. The painless vaccine, called FLUMIST, is sprayed into a person's nostrils rather than injected by needle. U.S. Navy photo by Photographer's Mate 2nd Class Jayme Pastoric

Joint U.S./Philippine MEDCAP during Talon Vision/PHIBLEX 06

From Task Force 76 Public Affairs

SUBIC BAY, Republic of the Philippines - U.S. Navy and Marine Corps, and Armed Forces of the Philippines (AFP) medical personnel, conducted Talon Vision and Amphibious Landing Exercise (PHIBLEX) 06. The exercise provided medical care to more than 800 local residents of Gawad Kalinga Village, Barangay Santa Juliana, Capas, Tarlac, Oct. 23.

The Medical Civil Action Project (MEDCAP) is part of the continuing U.S. humanitarian assistance to the Philippines at the invitation of that government. The humanitarian effort is a joint effort between the AFP and U.S. servicemen not only to train and work together, but also to benefit the local community.

Lt. j.g. Sherri Garrett, a chaplain assigned to Marine Service Support Group (MSSG) 31, felt the combined effort benefited every-

one, especially the children who were brought for medical checkups.

"This is such outstanding work. The people are very receptive and the children are wonderful," said Garrett. "It is such a blessing to be able to serve so many people."

The combined effort and teamwork of medical personnel from the U.S. Navy, and AFP provided basic health checkups and medicine to children, expectant mothers, elderly and those with illnesses. Medical care included medical screening, dental care, minor surgery and medicine.

Maj. Melquiades Ordiales, civil military operations planner for the Philippine Marines, said the joint and combined effort between the Philippine and U.S. military during this MEDCAP provided much-needed medical care.

"We saw over 900 people, and our medical staff of 50 Philippine Marine, Philippine Air Force, U.S.

military doctors and civilian dentists provided basic medical and dental care. The care provided goes a long way in helping the local community where medical care like this is very rare," said Ordiales.

Hospital Corpsman 1st Class Joel Clemente, attached to III Marine Expeditionary Force (III MEF) Special Operations Training Group (SOTG), and a Philippines native, said the MEDCAP had very special meaning to him. He had come with his medical group to help in the project not knowing that the local people of this community also spoke his native dialect of Kapangpangan.

"At first the people were stunned that I spoke their dialect," said Clemente. "They were so appreciative with big thank you's and smiles on their faces like it was Christmas. It's all about helping people and we're doing that here."

New Navy Program Awards Hardworking Sailors

By Lance Cpl. Matthew K. Hacker, 2nd Force Service Support Group

MARINE CORPS BASE CAMP LEJEUNE, N.C. - Nine naval officers with the 2nd Medical Battalion, 2nd Force Service Support Group, were a few of the first to receive the new Fleet Marine Force (FMF) Qualified Officer Program pin in a ceremony Oct. 20.

The new pin, which replaced the current Navy FMF ribbon for officers, is for all active duty and reserve naval officers serving with operational forces of the Marine Corps.

Similar to the Navy FMF ribbon, those eligible must also qualify to wear the pin by performing numerous tests using both physical and mental abilities.

"Ten months ago they started strengthening their skills and knowledge before the program had even been created," said Cmdr. Dave E. Gibson, 2nd Medical Battalion's commanding officer. "Then in July, the program was approved and the Sailors who were above the standard requirements were presented the pin."

Qualification for either ribbon or pin signifies acquisition of specific professional skills, knowledge and military experience resulting in qualifications above those normally required of Navy personnel serving with the FMF.

Naval officers serving with Marines are integral to ac-

complishing the mission worldwide for the Navy and Marine Corps team during combat and peacetime. Operations Enduring and Iraqi Freedom highlighted the effectiveness and importance of the team as the nation's premier weapon in the global war on terrorism.

"These nine men and women are truly the plank owners of the United States Navy," said Gibson. "I would be remiss if I didn't thank them for all their hard work and dedication to their jobs and their core values."

The nine officers presented the pin were Cmdr. Paula H. McClure, Cmdr. Steven A. Kewish, Lt. Cmdr. Douglas D. Clarke, Lt. Cmdr. Lucian C. Laurie, Lt. David L. Moulton, Lt. Scott R. Staup, Lt. j.g. Erin R. Michael, Ens. Robert J. Kimberling and Ens. Bradley G. McLaughlin.

Overall, the newly adapted qualification program encourages officers to broaden their horizons through special training. It motivates them to want to learn more and acquire special skills in order to give the most back to the Navy and get the most from their time served.

"I think the program is excellent," Gibson added. "I hope every officer in the battalion takes the initiative to complete it."

Corpsman Continues to Care for Marines after Losing Leg

By Cpl. Shane Suzuki , 2nd Marine Division

AR RAMADI, Iraq - Company L's mission was to patrol the southern part of Ar Ramadi in support of Operation Bowie. However, when the convoy made its way through the dirt roads that make up the southern part of town, everything changed Oct. 4.

"As soon as we got on the dirt roads, four Improvised Explosive Devices (IED) went off about two feet from our vehicles," said Cpl. Jason Luedke. "Our Humvee ended up in a three-foot crater."

Another Marine in the second vehicle, Cpl. Neil Frustaglio was one of the first people to rush up to the flipped vehicle.

"I was the first person there, and I heard Hospital Corpsman Nathaniel Leoncio screaming for help," he said.

"I saw that he was caught under the Humvee, that his leg was stuck," said Frustaglio. "I grabbed the edge of the Humvee and lifted it. He struggled to pull himself out from under the Humvee with only his arms."

Leoncio suffered an amputated right leg below the knee, a shattered right femur and serious internal bleeding. Before being medically evacuated, he began directing the other Marines at the scene on how to perform aid on himself and the other injured Marines on site.

"When I got to Leoncio, he immediately began telling me how to care for him," said Cpl. Kurtis Bellmont. "Before he was even stable, he began asking about the others and trying to assess their injuries. Before he would let us move him to the medevac vehicle, we had to tell him that all of the casualties were receiving medical attention."

One of the passengers in the vehicle, 1st Lt. Bradley Watson, helped move Leoncio to the medevac vehicle and provided buddy aid to him while they were transported to Camp Ramadi for surgical evacuation.

"When he saw that the bleeding had stopped, he gave Bellmont and me instructions on how to best care for him. He was calm, alert and responsive," said Watson.

Although his courage and dedication were highlighted during the horrible events of Oct. 4, the Marines were not surprised at "Doc Leo's" courage under fire and performance through pain.

"Doc Leo was always helping Marines with anything he could," said Luedke. "He wanted to be here, in Iraq. He said the only reason he joined the Navy was to be a corpsman and serve with Marines in Iraq."



PACIFIC OCEAN – Lt. Cmdr. Orbito I. Patangan performs a routine semi-annual teeth cleaning aboard the Nimitz-class aircraft carrier USS Ronald Reagan (CVN 76). U.S. Navy photo by Photographer's Mate Airman Lawrence J. Davis

USS Ronald Reagan continued...

(Continued from page 1)

out there as the best carrier on the West Coast."

The MRI is part of the Blue "M" competition, which recognizes the Navy's best medical departments in the fleet.

The formal inspection, conducted by the force medical officer, is designed to determine whether the ship's medical department can effectively carry out its assigned tasks, has adequate facilities, equipment and supplies, and complies with directives from higher

authority. Once the three-day inspection is completed, the medical staff is given an overall medical readiness rating.

With more than half of the requirements toward the Blue "M" Award complete, the Reagan medical department has raised the bar for this year's competition in the fleet.

Reagan is currently underway in the Pacific Ocean off the coast of California participating in a Composite Training Unit Exercise (COMPTUEX) in preparation for the upcoming deployment cycle.



PACIFIC OCEAN – Hospital Corpsman 1st Class Cynthia Donaldson conducts a pre-operative procedure on a patient in the surgical operating room aboard the Nimitz-class aircraft carrier USS Ronald Reagan (CVN 76). U.S. Navy photo by Photographer's Mate 3rd Class Kevin S. O'Brien

Naval Hospital Bremerton Deploys Second 'Wave' to Kuwait *Staff to Man Military Hospital to Support Combat Ops in Iraq*

By Journalist 2nd Class (SW) Fletcher Gibson, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - The final wave of hospital corpsmen, doctors, nurses and support personnel departed Naval Hospital Bremerton (NHB) before sunrise Oct. 24 on a six-month deployment to staff U.S. Military Hospital Kuwait.

The 30 men and women from NHB and Everett Military Health Clinic will join the 42 hospital staff members who deployed there last month.

U.S. Military Hospital Kuwait is a semi-permanent base in Kuwait staffed by a rotating crew of medical personnel from Navy hospitals and clinics, and naval stations all over the U. S. The hospital and its outlying clinics are placed close enough to support combat operations in neighboring Iraq, but far enough from combat zones to keep the staff safe.

With more than 70 members of its staff deployed, the command of NHB has taken steps to reduce the impact on its patients. Reservists and hired contractors have been assigned to Naval Hospital Bremerton to fill in some of the gaps.

Most of the deploying Sailors said they accepted the deployment as part of their naval duties, and a few were even looking forward to the new opportunities. Hospital Corpsman James Wilson, an Emergency Medical Technician (EMT) trainer at NHB's staff education office, said an added bonus for his time at Hospital Kuwait will be preparation for Navy medicine when he transfers to a ship.

"We'll be doing the same kind of sick call in Kuwait as we'll be doing on a ship," he said. "I don't have any experience with that yet, so this will be good training."

The 72 total deploying personnel from NHB are only a part of the 350 men and women who will staff the hospital and clinics in Kuwait. While previous medical deployments pulled all the necessary people from a single command, the Navy Surgeon General's global sourcing effort pulls from a number of different naval hospitals. In this case, 16 naval hospitals from all over the United States are deploying staff members to Kuwait.

The first step of the deployment is additional group training at Camp Pendleton near San Diego. This time will give the second wave experience in working together before joining their partners in Kuwait.

DoD Health Program to Help Redeploying Troops

By Jim Garamone, American Forces Press Service

WASHINGTON - Service members returning from deployments will now participate in a post-deployment health reassessment program that all the services are instituting, defense officials said during a Pentagon press conference Nov. 4.

This new program will assess the health - both physical and mental - of service members some 90 to 120 days after they have returned from deployment.

"We recognize that deployments may have an impact on the health and well-being of our service members, and we know from research that health concerns are identified even several months after returning from operational deployments," said Dr. William Winkenwerder, assistant secretary of defense for health affairs.

This new program is in addition to the routine post-deployment health screening that all service members go through upon return to the states from a deployment. More

than 900,000 service members have already gone through that program. The reassessment program is designed to find service members whose symptoms don't show up immediately. The program aims to get them the help they need, he said.

The program builds on test programs the services have conducted since June. The Army, Navy and Marine Corps tested the program on 3,000 service members. Medical officials said the pilot program was effective and now look to expand it to all returning service members.

The Army, Navy and Marine Corps will do the assessments face to face with the service members. The Air Force plan calls for airmen to answer an online survey and incorporate the survey in with their members' annual physicals.

Health officials want to destigmatize the process of service members going to health professionals for mental or physical help. Returning combat veterans shouldn't believe they must deal with the stresses they experienced by themselves, said Navy Surgeon General

Vice Adm. Donald Arthur.

"Everyone who goes into combat is in some way psychologically affected," he said. "I don't think you can get around that fact."

Arthur said it's significant that the military is addressing the issue up front "with people who understand combat because they have also been there and can more readily talk with the Soldiers, Sailors, Airmen and Marines who are coming back."

"We have learned that we shouldn't let our combat veterans go out into society without any questions asked or without any contact, as we used to do," Arthur noted.

The admiral said early contact with service members reduces stress and takes care of family issues, noting that "combat is inherently stressful."

Winkenwerder said active-duty and reserve-component personnel will be treated exactly the same. Unit commanders are charged with ensuring service members participate in this program.

Angels From Above, II MEF Casevac Teams Save Lives



AL TAQUADUM, Iraq - Hospital Corpsman 3rd Class Arthur Leal, with II Marine Expeditionary Force (MEF) casualty evacuation serving at Al Taquadum, Iraq, ensures a wounded service member receives the correct amount of morphine. The wounded member had only moments before been picked up from Ramadi, Iraq. Leal has gone through extensive casevac training, preparing him for any challenge he may face while deployed. *U.S. Marine Corps photo by Cpl. Cullen J. Tiernan*

By Cpl. Cullen J. Tiernan , 2nd Marine Aircraft Wing

AL TAQQADUM, Iraq - The Greyhawks of Marine Medium Helicopter Squadron 161 and the hospital corpsmen of the II Marine Expeditionary Force (MEF) casualty evacuation team serving at Al Taquadum, Iraq, are ready to soar into hostile environment. The team transports wounded Iraqi civilians, Coalition and Iraqi forces, prisoners of war. They also provide in-flight medical care as they fly to the best equipped hospitals in Iraq.

Since assuming their mission, Aug. 15, the Navy/Marine Corps team has flown more than 450 patients. Their missions have varied from mass casualties evacuations, to pulling an Iraqi citizen out of a burning vehicle on a highway.

"Right at shift change, the alarm went off. The next second we were flying to Fallujah responding to a large explosion," said Chief Hospital Corpsman Anna Congdon, leading chief petty officer for II MEF casevac. "As soon as we landed, one Marine and 20 very badly burnt Iraqis boarded our CH-46 Sea Knight."

"We're the difference between life and death," said Senior Chief Hospital Corpsman Robert E. Brown, the II MEF casevac supervisor. "The corpsmen are doing an outstanding job and have a great support structure here. We even have a chaplain on board. We fly

very unique and rewarding missions, and we know we make a difference."

The corpsmen all graduated from a 25-day casevac course at Marine Corps Air Station New River, N.C with the 2nd Marine Aircraft Wing. Their instructions included helicopter familiarization, advanced trauma management and an emergency medical school.

Brown said the preparation enabled them to be mentally and physically ready for the job.

"We conduct the casevac mission throughout the Al Anbar province," he said. "The corpsmen are able to use their medical skills when they fly to a point of injury. There, they may be the first to see the patients and they are prepared for that trauma."

Lt. Col. Robert M. Brassaw, the commanding officer of HMM-161, said "the Navy-Marine Corps team works great. As the Marines learned to help the corpsmen during dire circumstances, the corpsmen have learned to assist the crew chiefs getting the aircraft in the air."

"The casevac job may be very demanding, but the Greyhawks love their job and know they are making a difference."

"I had an Iraqi call me an angel from the sky," said Congdon. "By providing in-flight medical care, I know we are making a difference in the chain of medical care."



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NAVAL HOSPITAL JACKSONVILLE, Fla. - On

behalf of President George W. Bush and Secretary of the Navy Gordon R. England, Naval Hospital Jacksonville, Fla. Commanding Officer Capt. Raquel Bono pins the Bronze Star Medal on HMCS (SW/FMF) James R. Perry in an Oct. 21 Hospital Quarters ceremony. Perry, who is the leading chief petty officer in Naval Hospital Jacksonville's Ancillary Services Department and who has also served at the NAS Jacksonville Branch Health Clinic, was cited for his actions while deployed in Afghanistan from January 3 to May 1, 2003. *U.S. Navy photo by Hospital Corpsman 1st Class Michael Morgan*

